FILEU JAN 13 1301 STANDARD CERTIFICATE OF DEATH  SIZE FILE NO.  REG. DIST. NO. LY PRIMARY REG. DIST. NO. JOD. Registrate No. 5425  1. PLACE OF DEATH  a. COUNTY  A. C. M. S. OUNTY  A. C. M. S. OUNTY  D. C.		
BISTH NO.  REG. DIST. NO.  PRIMARY RES. DIST. NO.  PRIMARY MISSIONERS (VILLE)  PRIMARY RES. DIST. NO.  PRIMARY RES. DIST. NO.  PRIMARY RES. DIST. NO.  PRIMARY MAN AND RES. DIST. NO.  PRIMARY RES. DIST. NO.  PRIMARY RES. DIST. NO.  PRIMARY MAN AND RES. DIST. NO.  PRIMARY MAN AND RES. DIST. NO.  PRIMARY RES. DIST. NO.  PRIMARY MAN AND RES. DIST. NO.  PRIMARY	STANDARD CERTIFICATE OF DEATH	0700
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D. CITY III entable servents limits, write BDRAL and effect to wreathly STAY to this beared to TOWN KANSAS CITY wreathly STAY to this beared to TOWN KANSAS CITY AVERAGE STAY to the beared to TOWN KANSAS CITY AVERAGE STAY to the beared to TOWN KANSAS CITY AVERAGE STAY to the beared to TOWN KANSAS CITY AVERAGE STAY to the beared to TOWN KANSAS CITY AVERAGE STAY to the beared to TOWN KANSAS CITY AVERAGE STAY TOWN KANSAS CITY AVERAGE STAY TO STAY TOWN CITY TOWN CITY TO STAY TOWN CITY TO STAY TOWN CITY TOWN	I. PLACE OF DEATH   2. USUAL RESIDENCE (Where decessed lived. If institu	tion: residence before
B. CITY (II counted corporate limits, write RURLAL and give wormship)  TOWN KANSAS CITY  TOWN TOWN COUNTY  TOWN TOWN COUNTY  TOWN CITY  TO	a. COUNTY JA CASON B. STATE MISSOURY JA	admission).
TOWN KANSAS CITY  OF THE AND EXPERIENCE CONDITION  OF FULL NAME OF CIT was in benefit or institution. In the state of the control of the cont	L C17V	(D) A ()
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County Princip   MyRTLE   S. EXX   S. COLON OR RACE   7. MARRIED, NEVER MARRIED   NUDOWED, DIVORCED Opposition of the control of the county		
13. MATE   NAME   14. NAME OF HUSBAND OR-SIZE	H (Type or Print) MYRTLE M. FISHER DEATH 1)50	
13. MATE   NAME   14. NAME OF HUSBAND OR-SIZE	5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED,   8. DATE OF BIRTH   9. AGE (In years) # DIODER : Y	
13. MATE   NAME   14. NAME OF HUSBAND OR-SIZE	Z FEMALE WHITE MARRIED SEPT. 28-1894 GO Months D	
13. MATE   NAME   14. NAME OF HUSBAND OR-SIZE	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN- 11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
13. MATE   NAME   14. NAME OF HUSBAND OR-SIZE	dope during most of working life, even if retired)  DUSTRY  DUSTRY	COUNTRY?
TAMES  URNER  IS. WAS DECEASED EVER IN U.S. ARMED FORCES?  IS. WAS DECEASED EVER IN U.S. ARMED FORCES?  IS. SOCIAL SECURITY  NO NE  NEAL R. FISHER  RELET ONLY OR SHEET STANDRES ADDRESS  IIINE for (a), (b), and (c)  "This does not meen the mode of dyring, ruch as heartfullure, attending the mode of dyring, ruch as heartfullure, attending to the death but not related to the disters or condition contributing to the death but not related to the disters or condition contributing to the death but not related to the disters or condition contributing death.  IS. DATE OF OPERA.  IS. DATE OF OPERA.  IS. DATE OF OPERA.  IS. DATE OF INJURY (s.a. in or about NORM)  IS. DATE OF OPERA.  IS. MAD DATE (thought)  IS. DATE OF OPERA.  IS. DATE OF OPERA.  IS. MADOR FINDINGS OF OPERATION  Caruman J symmon musture 20. AUTOPSYT  TELL DATE OF OPERA.  IS. MADOR FINDINGS OF OPERATION  Caruman J symmon musture 20. AUTOPSYT  TELL DATE OF OPERA.  IS. MADOR FINDINGS OF OPERATION  Caruman J symmon musture 20. AUTOPSYT  TELL DATE OF OPERA.  IS. MADOR FINDINGS OF OPERATION  Caruman J symmon musture 20. AUTOPSYT  TELL DATE SIGNIFICANT CONDITIONS  IS. MADOR FINDINGS OF OPERATION  Caruman J symmon musture 20. AUTOPSYT  TELL DATE SIGNIFICANT CONDITIONS  IS. DATE SIGNIFUL STANDARD PROBLEMS  IS. SIGNATURE DESCRIPTION (Flower)  INJURY  ZIA. SIGNATURE DESCRIPTION (Flower)  INJURY  ZIA. BURITAL CREMA.  IN THE WORK NOT WILLIAMS (COURRED 19)  ZIA. SIGNATURE DESCRIPTION (Flower)  IN TOWN, REMOVAL (Speedby)  AND US SIGNATURE  ZIA. DATE SIGNATURE  ZIA. DATE SIGNATURE  ZIA. BURITAL CREMA.  ZIA. DATE SIGNATURE  ZIA. DATE SIGNATURE  ZIA. BURITAL CREMA.  ZIA. DATE SIGNATURE  ZIA. BURITAL CREMA.  ZIA. DATE SIGNATURE  ZIA. SIGNATURE DESCRIPTION (GREET Y OR CREMEMETRY OR CREMEMETRY OR CREMEMETRY)  ZIA. SIGNATURE DESCRIPTION (GREET Y OR CREMEMETRY)  ZIA. DATE SIGNATURE  ZIA. DATE		<u>U.S. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. Do. or unknown) (If yes, live war or datus of searches)  (Yes. Do. or unknown) (If yes, live war or datus of searches)  (Yes. Do. or unknown) (If yes, live war or datus of searches)  (NO. N.	Tames Lienasa Anna Carries Alsa P. Figure	16.0
18. CAUSE OF DEATH   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH*(e)   Carcing   Calm - significant on the mode of dying, such the the above cause (a) stating the the observation which caused death.   Morbid conditions, if any, giring DUE TO (b)   The test (in fairty, or compileation which caused death.   DUE TO (c)	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME	
18. CAUSE OF DEATH   DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH*(e)   Carcing   Calm - significant on the mode of dying, such the the above cause (a) stating the the observation which caused death.   Morbid conditions, if any, giring DUE TO (b)   The test (in fairty, or compileation which caused death.   DUE TO (c)	(Yes. no. or unknown) (If yes, rive war or dates of service)	1566874/c
Enter only openius per line for (a), (b), and (c)  1 This does not meen the mode of dring, such as heart follower, astheria, astheria, establishing to Death (a) statistic to the decidence of the substitution of the observation which caused death.  1 So Death (a) Tion (b) Tion (contituting to the death but not country death.  1 So Death (cons, injury, or compiled to the death but not country death.  1 So Death (cons, injury, or compiled to the death but not country death.  1 So Death (cons, injury, or compiled to the death but not country death.  1 So Death (cons, injury, or compiled to the death but not country death.  1 So Death (constituting to the death but not country death.  2 So Death (constituting to the death but not country death.  2 So Death (constituting to the death but not country death.  2 So Death (constituting to the death but not country death.  2 So Death (constituting to the death but not country death.  2 So Death (constituting to the death but not country death.  2 So Death (constituting to the death but not country death.  2 So Death (constituting to the death but not country death.  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  2 So Death (constituting to the death but not country)  3 So Death (constituting to the death but not country)  3 So Death (constituting to	18 CAUSE OF DEATH MEDICAL CERTIFICATION	INTERVAL RETWEEN
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In mode of gring, such as heart faller, easthering the underlying cause last.  DUE TO (c)  15 DUE TO (c)  16 DUE TO (c)  18 DUE TO (c)  19 DUE TO (c)  10 DUE TO (c)  10 DUE TO (c)  11 DUE TO (c)  11 DUE TO (c)  12 DUE TO (c)  13 DUE TO (c)  14 Underlying cause last.  DUE TO (c)  15 DUE TO (c)  16 DUE TO (c)  17 DUE TO (c)  18 DUE TO (c)  19 DUE TO (c)  10 DUE TO (c)  10 DUE TO (c)  11 DUE TO (c)  12 DUE TO (c)  13 DUE TO (c)  14 DUE TO (c)  15 DUE TO (c)  15 DUE TO (c)  16 DUE TO (c)  17 DUE TO (c)  18 DUE TO (c)  19 DUE TO (c)  19 DUE TO (c)  10 DUE TO (c)  10 DUE TO (c)  11 DUE TO (c)  12 DUE TO (c)  13 DUE TO (c)  14 DUE TO (c)  15 DUE TO (c)  15 DUE TO (c)  16 DUE TO (c)  17 DUE TO (c)  18 DUE TO (c)  19 DUE TO (c)  10 DUE TO (c)  11 DUE TO (c)  12 DUE TO (c)  13 DUE TO (c)  14 DUE TO (c)  15 DUE TO (c)  15 DUE TO (c)  15 DUE TO (c)  15 DUE TO (c)  16 DUE TO (c)  17 DUE TO (c)  17 DUE TO (c)  18 DUE TO (c)  18 DUE TO (c)  19 DUE TO (c)  19 DUE TO (c)  10 DUE TO (c)  10 DUE TO (c)  11 DUE TO (c)  11 DUE TO (c)  12 DUE TO (c)  13 DUE TO (c)  14 DUE TO (c)  15 DUE TO (c)  16 DUE TO (c)  17 DUE TO (c)  17 DUE TO (c)  17 DUE TO (c)  18 DUE TO (c)  18 DUE TO (c)  19 DUE TO (c)  19 DUE TO (c)  10 DUE TO (	ANTECEDENT CAUSES	
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DUE TO (c)    Continue which caused death.   Conditions contributing to the death but not related to the disease or condition causing death.   Conditions contributing to the death but not related to the disease or condition causing death.   Conditions contributing to the death but not related to the disease or condition causing death.   Conditions contributing to the death but not related to the disease or condition causing death.   Contributing to the death but not related to the disease or condition causing death.   Contributing to the death but not related to the disease or condition causing death.   Contributing to the death.   Contributing t	as heart failure, asthenia, The to the above cause (a) stating	
218. ACCIDENT (Breelly)   21b. PLACEOF INJURY (e.g., in or about SUICIDE   home, farm, factory, street, office bidg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY OCCURRED WHILE I NOT WHILE WORK   AT WORK   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from	DUF TO (c)	-1
218. ACCIDENT (Breelly)   21b. PLACEOF INJURY (e.g., in or about SUICIDE   home, farm, factory, street, office bidg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY OCCURRED WHILE I NOT WHILE WORK   AT WORK   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Cyclic - Price !	153 N
218. ACCIDENT (Breelly)   21b. PLACEOF INJURY (e.g., in or about SUICIDE   home, farm, factory, street, office bidg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY OCCURRED WHILE I NOT WHILE WORK   AT WORK   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from	related to the disease or condition couring death.	122,
218. ACCIDENT (Breelly)   21b. PLACEOF INJURY (e.g., in or about SUICIDE   home, farm, factory, street, office bidg., etc.)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY OCCURRED WHILE I NOT WHILE WORK   AT WORK   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION Carring 7 signed muching 2	9. AUTOPSY1
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INJURY  INJURY	21a. ACCIDENT (Bpecify) 21b. PLACE OF INJURY (e.g., to or about SUICIDE home, farm, factory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
INJURY  INJURY	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
248. BURIAL. CREMA. 24b. DATE 24c. NAME OF CEMETERY OF GREMATORY 24d. LOCATION (City, town, or county) (State).  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S BIGNATURE 35. BURIAL 1. 26. 50 Chalding Holman DK. Newsomers Low Mansas City, Mo.	22. I hereby certify that I attended the deceased from fan, 1950, to see 24, 1950, that I last so	aw the deceased
248. BURIAL. CREMA. 24b. DATE 24c. NAME OF CEMETERY OF GREMATORY 24d. LOCATION (City, town, or county) (State).  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S BIGNATURE 35. BURIAL 1. 26. 50 Chalding Holman DK. Newsomers Low Mansas City, Mo.	alive on, 19, and that death obcurred at 6:20 A.m., from the causes and on the date stated a	bove.
248. BURIAL. CREMA. 24b. DATE   24c. NAME OF CEMETERY OF CREMATORY   24d. LOCATION (City, town, or county) (State).  BURIAL!) DEC. 26-1450   TOREST HILL CEMETERY. KANSAS CITY MISSOUR!  DATE REC'D BY LOCAL REGISTOR'S SIGNATURE   25. FUNERAL DIRECTOR'S BIGNATURE   35. BURIAL REGISTOR'S SIGNATURE   35. BURIAL REGI	23a. SIGNATURE DETON 4. WILLIAMS (Degree or thie) 23b. ADDRESS	, , , , , , , , , , , , ,
DATE REC'D BY LOCAL REGISTPAR'S SIGNATURE  12 26 50 Chalding Holmes DN. Newsons Asis KANSAS CITY, MO.	A Cond Williams 14 p. J. 806 Pril Blog	17/20/10
DATE REC'D BY LOCAL REGISTPAR'S SIGNATURE  12 26 50 Chalding Holmes DN. Newsons Asis KANSAS CITY, MO.	Záa. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) TON. REMOVAL (Brootly) DEC 26-1450 TOREST HILL CEMETERY AALEAS (217V)	(State)
12 26 50 Chalding Holmes WW. Mewsoners Lous KANSAS CITY, MO.	DATE REC'D BY LOCAL REGISTPAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDR	E85 /6
	I la al malacia de la	TY MA
(Fricalment Churchinal a principlent off Measure 2006)	(Licensed Embalmer's Statement on Reverse Side)	

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nam	ne is recorded	on the reverse	side of this	certificate	was embal	lmed by me,	or by
	***************************************		,				
Working under my personal supervision	•			Student	Embalmer	No	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.